

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 009540 (6)

1. Corporation Name

LONCALA, INCORPORATED



Principal Place of Business

125 N. W. 1ST AVENUE
HIGH SPRINGS FL 32643

Mailing Address

P.O. BOX 766
HIGH SPRINGS FL 32643
US

2. Principal Place of Business

2a. Mailing Address

21 125 NW 1st Avenue

26 P O Box 766

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 -

27 -

City & State

City & State

23 High Springs, FL

28 High Springs, FL

Zip

Country

Zip

Country

24 32655-0766

25 USA

29 32655-0766

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/12/1920

3a. Date of Last Report

01/26/1995

4. FET Number

59-0336130

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

OLMERT, BRYAN J
125 N. W. 1ST AVE.
HIGH SPRINGS FL 32643-0766

81 Name

Olmert, Bryan J.

82 Street Address (P.O. Box Number is Not Acceptable)

125 NW 1st Avenue

83

84 City

High Springs

FL

85 Zip Code

32655-0766

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME OLMERT, BRYAN J
STREET ADDRESS 125 N W 1ST AVE
CITY-ST-ZIP HIGH SPRINGS, FL 00000

TITLE AS ☐ DELETE

NAME ELLIS, GWEN D.
STREET ADDRESS 125 N W 1ST AVE
CITY-ST-ZIP HIGH SPRINGS, FL 00000

TITLE D ☐ DELETE

NAME HILL, J H
STREET ADDRESS 125 N W 1ST AVE
CITY-ST-ZIP HIGH SPRINGS, FL 00000

TITLE DV ☐ DELETE

NAME KRIM, FRED J
STREET ADDRESS 121 N W 3RD ST
CITY-ST-ZIP Ocala, FL 00000

TITLE SD ☐ DELETE

NAME REDDING, DAVID R. J
STREET ADDRESS 125 NW 1ST AVE.
CITY-ST-ZIP HIGH SPRINGS FL

TITLE T ☐ DELETE

NAME PARKER, RICHARD S. J
STREET ADDRESS 125 NW 1ST AVE.
CITY-ST-ZIP HIGH SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

(904) 454-1511

CR2E034 (12/95)